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ABSTRACT

The document presents the fourth of six modules resulting from a 3 year project to develop and test competency based programs for camp personnel serving the physically handicapped. The module is divided into three units--health considerations, safety factors, and assistance for campers. An introductory section gives an explanation of competency based instruction, a description of a module, and an overview of the camp directory training program. Each unit contains a content outline, performance objectives, a list of related readings, and worksheets. Posttests and a glossary of terms are also given. It is explained that the competency based instructional format allows the reader to work through the module at his own pace, to test out of the instructional units, and to choose which learning activities to complete. (SBH)

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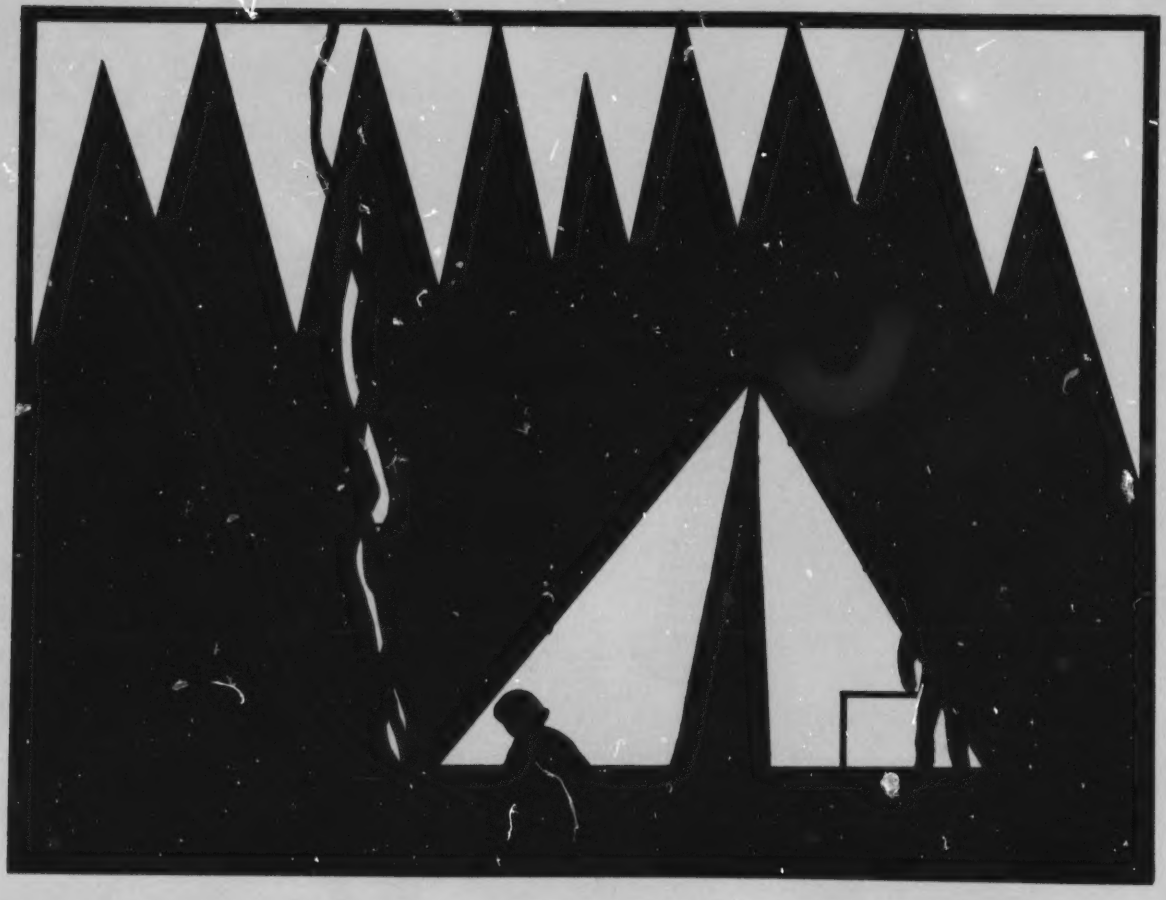
CAMP STAFF TRAINING SERIES

Module 4

CAMP HEALTH AND SAFETY PRACTICES



A Competency-Based Manual For Camp Staff Training

Edited by

Dennis A. Vinton
Elizabeth M. Farley

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CAMP STAFF TRAINING SERIES

Module 4

Camp Health and Safety Practices

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Lexington, Kentucky
1979

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Foreword

The Bureau of Education for the Handicapped has for many years recognized the educational value of camping as an important aspect in the lives of handicapped children. Since 1971, when our Bureau provided funding to help sponsor the National Conference on Training Needs and Strategies in Camping, Outdoor and Environmental Recreation for the Handicapped at San Jose State University, there has been a nationwide movement toward including handicapped children and youth in organized camping programs.

The material contained in this book, and the other volumes that make up the *Camp Staff Training System*, are the result of a three year project funded by our Division of Innovation and Development. In funding this effort, it was our hope that the results of the project would help make camp personnel aware of the unique and special needs of handicapped children and to provide information and resources to help ensure that those special needs are met.

The Bureau of Education for the Handicapped is committed to the goal of equal opportunity and a quality life for every handicapped child in the United States. Opportunity to participate in camping programs on an equal basis with their non-handicapped peers is a right to which all handicapped children are entitled. However, this goal can be achieved only if those responsible for the provision of camping services are likewise committed to this goal.

Dr. Edwin W. Martin
Deputy Commissioner
Bureau of Education for the
Handicapped

ACKNOWLEDGEMENTS

The *Camp Staff Training Series* is the result of more than three years work representing the generous efforts of many individuals and organizations in the field of camping, therapeutic recreation, special education and other interested disciplines. The development of the *Camp Staff Training Series* would not have been possible without the dedicated support of Melville J. Appell, who served as Project Officer for the Bureau of Education for the Handicapped, U.S. Office of Education. We are indebted to him for his leadership and inspiration. While it is not possible to cite all of those who contributed, we extend our special thanks to the following:

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INTRODUCTION

On June 1, 1976, the University of Kentucky's Curriculum in Recreation and Parks, Department of Health, Physical Education and Recreation, College of Education, was awarded a grant by the Bureau of Education for the Handicapped. The purpose of the three-year grant was to develop and test competency-based training programs for four classifications of camp personnel in camps serving the physically handicapped. Two of these programs, the camp counselor and the program specialist, have been combined to form one training course. The other two training systems have been written for the camp director and support staff.

This publication, the Camp Counselor Training Series, has undergone two years of developmental testing and includes six modules written by noted experts. During the two years of testing, 155 college students and camp counselors from six different locations were involved in trying out the materials. Also, during this time, the materials were repeatedly scrutinized by selected experts. The results of the developmental process are reflected in this publication.

In the following section, you are given an explanation of competency-based instruction, a description of a module and a brief overview of the camp director training program. Finally, for your convenience, a glossary of terms is included for future reference.

What Is Competency Based Instruction?

Competency-based instruction (CBI) is a rather recent instructional development which has experienced rapid expansion during the sixties and seventies and is the result of increasing demands for accountability, relevance and cost effective education. It is a method of preparing people for jobs based on the actual work to be done. This training approach clearly describes the level of performance expected of each member of the camp staff. In addition, it allows learning to progress at a rate and manner compatible with the learners' or trainees' backgrounds and experiences. The advantages of this approach for training camp staff are: 1) it can be easily tailored to meet the needs of many different camp programs and 2) it can be tailored to meet the needs of each individual staff member.

Competency-based instruction is a flexible, individualized approach to learning that allows the trainees and the instructor to work at the learner's rate without fear of failure. The program's design is based upon competencies or tasks to be acquired as a result of the instructional program. The competencies are stated in performance terms which are made known from the beginning of the program.

With competency-based instruction, the trainees are held accountable for their level of achievement. The trainees know the mastery level that must be attained and are free to choose alternative learning activities that will enable them to meet the stated criteria. The trainees have the option to choose activities which are compatible with their individual learning styles, and it is the demonstrated level of acceptable performance of the stated objectives that is of importance.

When comparing CBI to traditional instruction, three major differences can be discerned. In the traditional approach, the purpose of the instruction is often either vaguely stated or sometimes not even made known to the trainees. However, in competency-based instruction, the trainees know exactly what is expected of them. They are given precisely stated objectives which tell what competencies are required and what criteria will be used to assess performance.

The second major difference between traditional and CBI approaches relates to the time factor. Traditional education holds time constant. Units are planned around a specified time period. Thus, trainees who learn at different rates will demonstrate varying degrees of achievement at the end of the time period. In competency-based instruction, achievement is held constant. A unit is ended when the trainees can demonstrate the required competency. Thus, the time needed to complete the unit will vary from person to person.

The final major difference between the two instructional approaches is that traditional education strongly emphasizes program entrance requirements, while CBI places its heaviest emphasis on exit requirements. With competency-based instruction, prerequisites are minimized and programs are individualized to allow each trainee to achieve mastery of any given objective by altering the learning activities.

What are the Roles of the Trainer and Trainees?

In a CBI system the trainer's or camp director's role during pre-camp training will become one of advisor and manager of instruction. The trainer will spend more time helping to plan the instructional program, solving problems, and evaluating performance. The trainees will have more of an opportunity to choose learning activities, develop new activities tailored to their specific needs, and bypass certain objectives through testing out of certain units or modules.

Past experience suggests that the learning climate fostered by a CBI program is free from oppression and failure and thus encourages creativity. The trainer has more time to devote to developing an atmosphere where creative learning experiences can take place and is

free to actively involve the trainee in the instructional process where positive learning experiences are stressed.

How Does Competency-Based Instruction Work?

In competency-based instruction, there are self-contained instructional packages called modules. A module is made up of units of instruction composed of the following parts:

1. performance objectives
2. pre-assessment and prerequisites
3. learning activities
4. evaluation
5. remediation

Each of the five module components is briefly discussed in the following paragraphs.

Performance Objectives

The objectives are the foundation on which the instructional module is built. They are stated in behavioral or performance terms.

The performance objectives serve as the basis for designing instructional activities, which in turn facilitate the achievement of the desired competencies. Objectives stated in this way open new avenues of communication between the trainees and instructor. Also, the objectives provide the means for evaluation and further development of the instructional program.

The benefits of stating instructional objectives in precise, relevant terms that describe desired performance, include the following:

.....suitable learning activities and evaluation procedures are selected since the trainer knows precisely what the trainees are expected to achieve;

.....because objectives are stated in precise terms, the trainees, trainer and other observers can decide on the appropriateness of the objectives;

.....as the performance objectives are communicated in advance of instruction, trainees know precisely what is expected of them;

.....finally, using this approach enables the trainees to determine if an objective has been successfully accomplished.

There are three basic parts of a performance objective: the terminal behavior, test conditions and standards. The following questions illustrate each part:

a. What will I BE ABLE TO DO after completing the learning activity?

b. What are the CONDITIONS under which I will do it?

c. How will I RECOGNIZE success?

The trainees should be able to answer these questions after reading each objective.

Pre-Assessment or Pre-Test

The term "test" usually implies the use of standardized pencil and paper tests. However, other varieties of pre-assessment are often used. Both formal and informal, direct and indirect, and objective and subjective measures are used for pre-test purposes. In some cases, no pre-assessment is needed because it is assumed that trainees have no previous exposure to the content of the instruction or that the content should be periodically reviewed.

In some cases, trainees are required to complete an activity, unit, module or course before starting a module. This is called a prerequisite.

Learning Activities

Learning activities are intended to aid in the mastery of the skill, knowledge or behavior stated in the performance objectives. Each activity is self-contained and designed to achieve a specific purpose, however, each activity still remains a part of the broad comprehensive program.

The learning activities are designed to offer a wide range of alternative activities. A number of options are provided so that trainees can select those which offer the greatest opportunity for individual success, are most in tune with each persons learning style, and will allow the trainees to achieve mastery of the material in the shortest possible time. Also, trainees have the option of designing, with assistance, their own learning activities.

Evaluation

As with pre-assessment methods, evaluation procedures may vary widely. They are designed to measure whether or not trainees can

successfully demonstrate the competencies required for mastery of the performance objectives. If trainees are unable to demonstrate competence, the trainer will attempt to determine whether this was due to a lack of ability, motivation and/or effort; inappropriate or ineffective instruction; unrealistic expectations as reflected in the objectives; or another reason or combination of reasons. After the cause has been determined, remediation will be prescribed to assist in mastering the competency.

Remediation

Remedial activities are learning activities which provide trainees additional practice or assistance in mastering a performance objective which has not been successfully achieved. The activities used can be similar to the original instructional activities used in the module or they can approach the objective from an entirely different base. It should be remembered that remediation is intended to be helpful, not punitive, and to give another opportunity for success.

Camp Staff Training Series

The camp counselor and program specialist training series was designed to provide the trainees with the skills, knowledge and behaviors necessary to achieve a minimal level of competence in camps serving the physically handicapped. The two unique features of this training program are its field orientation and its individualized learning experiences.

Based on the results of a task analysis procedure, the instructional program contains no extraneous learning. Rather, its objectives, learning activities and evaluation methods focus on the specific competencies which camp counselors or program specialists need to successfully perform their jobs. Although the program can be used in a variety of ways—as a part of a college course, as an institute or workshop, or as pre-camp training—the emphasis is always on the practical application of learning in a camp setting.

The training program pulls no punches. At the onset, the trainees are informed of what they are expected to accomplish as a result of the training. Then, the trainees are presented with a variety of learning activities. From this list the trainees can select activities which best suit their individual needs or style of learning. In addition, the trainees can bypass certain units by the testing out of them. Also, they can elect to add activities in which more work is needed or desired. This flexibility allows a group of trainees to participate in the program despite diverse backgrounds, experiences and interests. All trainees who successfully complete the program should be able to function effectively on the job in spite of varying degrees of prior training and experience.

Directions

There are six modules in the training program. They are listed below:

1) An Orientation To Camping and the Camp
2) Knowing the Campers
3) Camp Program Planning and Leadership
4) Camp Health and Safety Practices
5) Dealing with Camper Behavior
6) Evaluating the Camp Experience
S-6) Evaluation of the Camp Experience

The trainees are to complete any or all of the six modules in the order designated by the trainer or in the order presented in the program.

Upon beginning a module, the content outline and performance objectives should be read. If upon beginning a module a person feels that the performance objectives can be achieved with 90 percent accuracy without participation in the learning activities, then he or she can elect to take a pre-test or post test. If the pre-test is passed successfully, then the trainee can proceed to the next unit or module; otherwise, the trainee should participate in those learning activities which will enable him or her to achieve the performance objectives; and then complete the post test.

Prerequisites

Through task analysis, a number of skills, facts and behaviors were identified as being prerequisites which camp counselors or program specialists must possess before beginning an on-site training program. It was decided to provide the major portion of these prerequisites in two modules within the training program. These are Module 1, which deals with basic information about camping practices and philosophy, and Module 2 which contains information about campers' growth and development, characteristics and physical disabilities. There are other prerequisites not covered in these modules which it is assumed all trainees will possess prior to beginning field training. These are primarily skills which include mature judgement, consistent behavior, sincerity and effective communication.

Module 4

Camp Health and Safety Practices

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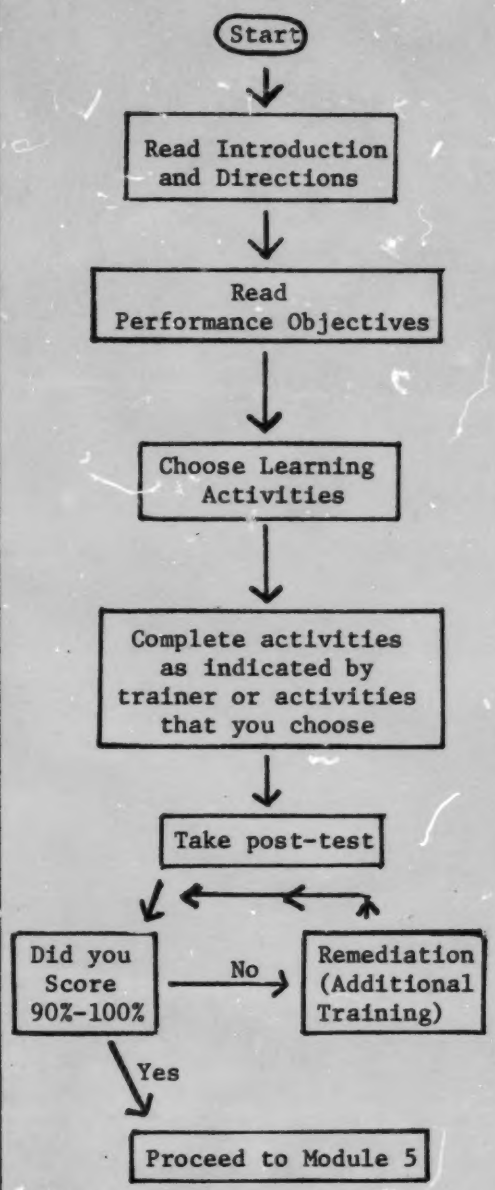
Camp Health and Safety Practices

Flow Chart

Steps to Follow to Complete Each Unit



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Module 4

Camp Health and Safety Practices

Introduction

The health and safety aspects of camping have long been a concern to camping professionals. One national professional organization—the American Camping Association (ACA)—has led in the development of health and safety standards for voluntary compliance. Five national youth serving organizations, Girl Scouts, Boy Scouts, YMCA, Campfire Girls and the National Easter Seal Society, have historically given attention to health and safety standards. Recently Federal legislation has been introduced which would provide a more stringent monitoring of the health and safety of campers. Thus, any camp staff training which did not include a thorough grounding in health and safety would be sadly remiss.

Module 4 is divided into three units of instruction: 1) Health Considerations; 2) Safety Factors; and 3) Assisting Campers. It is designed to provide information which will help counselors maintain healthy and save environments and campers.

Directions

1. Read the introduction, flow chart and table of contents.
2. Read the performance objective checklist and mark those you can already do.
3. With your trainer, select learning activities which will help you achieve the rest of the performance objectives. All readings and worksheets, unless otherwise specified, will be found at the end of each unit.
4. Complete the necessary activities.
5. Determine if you will do any enriching activities.
6. Complete each post test with 90 percent accuracy. You may not use any references. If you do not achieve 90 percent accuracy, discuss with your trainer plans for remediation.
7. Proceed to Module 5.

Module 4

Camp Health and Safety Practices

Performance Objectives Checklist

This checklist will help you determine the activities you need to complete in Module 4. Check each performance objective you feel competent to perform. Then use remaining performance objectives to select the activities in which you should participate to complete this module.

Unit 4.1

Health Considerations

____ 1. Assist campers in activities of daily living.

____ 2. Discuss with your campers the need for good health habits at camp (i.e. 8 hours of sleep a night, 3 well balanced meals, personal hygiene, etc.).

____ 3. Assist your campers in choosing the appropriate clothing for the weather and the activity.

____ 4. When assisting a camper change his clothes or shower, observe physical signs of poor health habits or illness.

____ 5. List the name of a medication, its use, side effects and/or precautions for at least three of the following types: (one type must be an anticonvulsant drug)

a. anticonvulsant
b. tranquilizer
c. antihistimine
d. antibiotic
e. stimulant

____ 6. Demonstrate knowledge of the rules concerning medication.

____ 7. Report ill or injured campers or staff to the appropriate staff member using the procedures given by your trainer.

____ 8. Complete all necessary health forms including: seizure reports and illness and injury reports.

Unit 4.2

Safety Factors

____ 9. On a written or practical test, describe or demonstrate the following skills according to Red Cross Standards.

a. stop bleeding
b. administer mouth-to-mouth resuscitation
c. relieve choking
d. protect a seizuring or convulsing person
e. give temporary care for heat exhaustion or heat stroke
f. treat for shock
g. splint fractures
h. treat a snake bite
i. treat a burn
(optional) j. administer cardiopulmonary resuscitation

____10. Given an example of a camp accident, describe what preventative measures could have been taken to avoid the accident.

____11. Given the cabin area*, develop a list of safety rules and regulations. (This should include use of equipment, ramps, materials, and so on.)
*Program Specialists should develop a list for their specialty area.

____12. With the campers, discuss the safety rules and regulations established for your cabin or program area.

____13. Given the camp bus and campers in wheelchairs, demonstrate safe loading and transporting techniques and procedures.

____14. Verbally state steps to be used in a given emergency or the procedures utilized by the employing camp.

____15. Given an emergency situation, follow the appropriate emergency procedures as stated in the staff manual or given during pre-camp. (Emergency here refers to disaster, search and rescue, fire, tornado, etc.)

Unit 4.3

Assisting Campers

____16. Demonstrate the appropriate methods of pushing a wheelchair on a variety of terrains.

____17. List three safety precautions to remember when working with campers in a wheelchair.

____18. Demonstrate the appropriate method of putting on and fastening braces.

____19. Assist the camper in attaching and taking care of his urinary appliances.

____20. Given a piece of assistive equipment which is not functioning properly, identify to whom the malfunctioning piece of equipment should go and the procedure to get it repaired.

____21. Demonstrate appropriate feeding techniques.

____22. Demonstrate lifting a camper appropriately according to his particular needs.

____23. Demonstrate the appropriate transfer techniques according to a camper's particular needs.

Module 4

Camp Health and Safety Practices

Unit 4.1

Health Considerations

Content Outline

I. Health Considerations for Campers and Staff

A. Maintenance of Good Health Practices

B. Observing Possible Health Problems

C. Reporting Ill or Injured Campers/Staff

Trainee Information

There are eight (8) performance objectives in Unit 4.1 Before going on to Unit 4.2 you must complete the post test with 90% accuracy.

Unit 4.1

Performance Objectives

1. Assist campers in activities of daily living.
2. Discuss with your campers the need for good health habits at camp (i.e., 8 hours of sleep a night, 3 well balanced meals, personal hygiene, etc.).
3. Assist your campers in choosing the appropriate clothing for the weather and the activity.
4. When assisting a camper change his clothes or shower, observe physical signs of poor health habits or illness.

Trainee Information

To help you accomplish performance objectives 1-4, you must complete two or more of the following activities. If a specific activity is not designated by the trainer, you should choose and complete two or more of your preference.

Learning Activities

1a. Discuss with the nurse health habits which are to be maintained at camp. This should include diet, shower routine, bedtime, dress and so on, then in small groups discuss how the staff can influence campers' health habits.

1b. In cabin groups prior to the campers' arrival, develop a weekly schedule which will include such things as showering schedule, cabin chores, cabin clean-up time, etc., to encourage good health habits.

1c. Review the section on camper hygiene in the camp staff manual.

Unit 4.1

Learning Activities (continued)

1d. Using camper applications, you should be able to complete a "Camper Information Sheet" found in the worksheets, which will tell what kind of assistance a camper needs.

1e. With the nurse discuss medical problems to watch for when assisting campers dress, undress, and shower. Examples might be decubitus ulcers, chapped skin, rashes, etc.

1f. Discuss symptoms which you should observe in a camper or staff member when he/she is tired or seems ill; for example, failure to eat, restless sleep, withdrawn from group, etc. Further discuss what <u>conditions</u> or <u>practices</u> contribute to fatigue, illnesses and injuries.

1g. List general health habits which you maintain, i.e., personal hygiene, cleanliness of living quarters, number of hours of sleep, etc. and write down a specific routine which you follow from day to day. Note how this may apply to your campers. Check your camp manual.

Unit 4.1

Performance Objectives

5. List the name of a medication, its use, side effects and/or precautions for at least three of the following types: (one type must be an anticonvulsant drug)

   a. anticonvulsant

   b. tranquilizer

   c. antihistimine

   d. antibiotic

   e. stimulant

6. Demonstrate knowledge of the rules concerning medication.

Trainee Information

To help you accomplish performance objectives 5 and 6, you must complete two or more of the following activities. If specific activities are not designated by the trainer, you should choose 2a or 2b and 2c or 2d.

Learning Activities

Select 2a or 2b.

2a. Attend a presentation by the Camp Nurse on common medications taken by campers. Discuss the use of the medication and possible side effects of medication. If you know who your campers will be, discuss with the nurse any unusual medications or precautions which should be noted.

<u>or</u>

Unit 4.1

Learning Activities (continued)

2b. Listed in the readings are examples of medication that physically disabled individuals may take. Review this list and discuss with the nurse any questions you may have.

and

Select 2c or 2d.

2c. Role play situations which would require knowing medication rules. Examples might be a camper asking a counselor for aspirin, a parent insisting the counselor keep the medication, etc.

or

2d. Review the medication rules stated in the camp staff manual or given during camp staff training.

Unit 4.1

Performance Objectives

7. Report ill or injured campers or staff to the appropriate staff member using the procedures given by your trainer.

8. Complete all necessary health forms including: seizure reports and illness and injury reports.

Trainee Information

To help you accomplish performance objectives 7 and 8, you must complete one or more of the following activities. If a specific activity is not designated by the trainer, you should choose and complete one or more of your preference.

Learning Activities

3a. With the nurse, discuss the procedures to be taken if a camper becomes ill or injured, both in camp or on a field trip.

3b. Review the seizure form, found in worksheets. Discuss with the nurse why it is used rather than the accident form.

3c. In small groups discuss and/or role play different kinds of seizures. Practice completing the form so the descriptions are accurate.

3d. With the nurse, review the accident report form found in the worksheets or one provided by your employing camp, when it should be turned in and who should fill it out.

Evaluation Criteria

You must complete the activities according to the standards outlined by your trainer and the post test with 90 percent accuracy.

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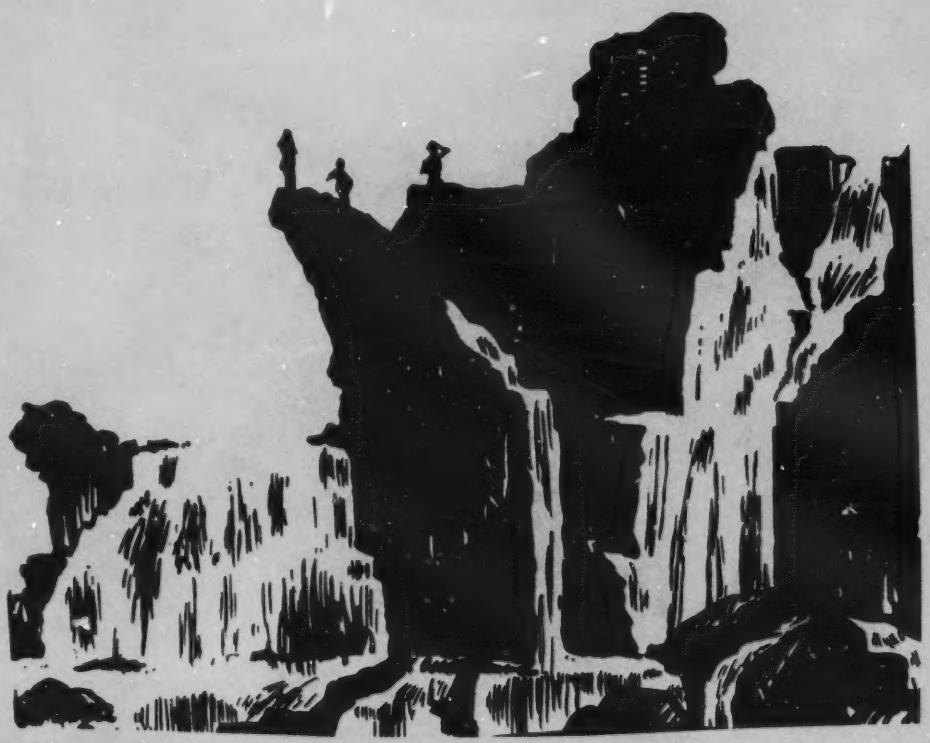

Worksheets

Unit 4.1

Camper Information Sheet

Cabin _____ Counsalors _____

_____

NAME	PARENT/GUARDIAN/SPOUSE ADDRESS PHONE NUMBER	HANDICAPPING CONDITION	ACTIVITY RESTRICTION	EAT BY SELF	BATHE SELF	DRESS SELF	TEETH	TOILET	SPEC. DIET	BRACES	WHEEL-CHAIR

Unit 4.1

Seizure Form

Please complete and route to the Camp Nurse as soon as possible.

Client:

Staff Member:

Date: Time of Day:

Location: Duration:

Describe seizure activity:

Where did it start in the body?
Was the person unconscious?
Was the person incontinent?
Did their eyes roll to one side?
Did the person talk incoherently?
Did the person walk around?
Was there muscle jerking movements of extremities?
Did the person stare into space momentarily?

If possible describe client prior to seizure:

What is the last thing the person remembers before becoming unconscious?

Describe client behavior following seizure:

Was any weakness noted in the extremities?

Does the person remember the seizure?

Unit 4.1

Accident Report

Please complete and return to the Camp Nurse as soon as possible.

1. Camper's Name _____

   Home Address: _____

2. Parent's Name: _____

   Sex M F Age _____

3. Time Accident Occurred: Hour _____ A.M. ____ P.M. ____
   Date: _____

4. Location of Accident: _____

5. Briefly describe the accident, illness or injury:

6. Immediate treatment given: By:

   Type of treatment:

   Sent to nurse _____ By (name): _____
   Sent home _____ By (name): _____
   Sent to physician _____ By (name): _____

   Physician's name: _____
   By (name): _____
   Sent to hospital _____ By (name): _____

   Name of Hospital: _____

   Was a parent or other individual notified? No __ Yes __
   When? _____ How? _____
   Name of individual notified: _____

Unit 4.1

By whom: (enter name) _____

7. Person in charge when accident occurred (enter name): _____
_____

8. Witnesses: (1) Name: _____
Address: _____

(2) Name: _____
Address: _____

Completed By: _____
(Signature) (Date)

Readings

Unit 4.1

Drug Chart

Drug	Use	Side Effects and/or Precautions
Penicillin	antibiotic; used to treat infections	allergic reactions - dermatitis, rash, nausea, vomiting and diarrhea
Dimetane	antihistamine; used to treat allergy	side effects - drowsiness or sedation and dry mouth
Valium	tranquilizer with muscle relaxant action; used for control of skeletal muscle spasms	sedation, impaired performance and judgment
Tridione	anticonvulsant for petit mal seizures	glary or snowy appearance of objects in bright lights which can be controlled by wearing dark glasses, skin rash, irritability
Ritalin	stimulant with a paradoxical sedative effect in children; used to treat hyperactive children	nervousness, insomnia, anorexia, nausea, dizziness, headache, drowsiness
Dilantin	anticonvulsant for grand mal and psychomotor epilepsy	side effects - ataxia, mystagmus, slurred speech, may be hypertrophy of the gums
Phenobarbital	anticonvulsant for grand mal and symptomatic convulsions, a sedative	drowsiness, dizziness, ataxia, double vision and physiological dependence; may have a stimulant effect on children
Mysoline	grand mal, psychomotor and focal seizures; occasionally petit mal; useful in combination	drowsiness, uncoordination, dizziness, rash, nausea

Unit 4.1

Drug	Use	Side Effects and/or Precautions
Mysoline (cont.)	with Dilantin	
Phenergan	antihistimine - controls nausea, and reduces allergic reactions	drowsiness and dry mouth
Benedryl	antihistimine	drowsiness, confusion, nervousness, restlessness, nausea, dry mouth, rash

Module 4

Camp Health and Safety Practices

Unit 4.2

Safety Factors

Content Outline

I. Safety Factors

A. Emergency First Aid

B. Safety Rules for Cabin/Program Areas

C. Knowledge of Emergency Procedures

Trainee Information

There are seven (7) performance objectives in Unit 4.2. You must pass the post test with 90% accuracy before going on to Unit 4.3.

Unit 4.2

Safety Factors

Performance Objective

9. On a written or practical test, describe or demonstrate the following skills according to Red Cross Standards.

   a. stop bleeding

   b. administer mouth to mouth resuscitation

   c. relieve choking

   d. protect a seizuring or convulsing person

   e. give temporary care for heat exhaustion or heat stroke

   f. treat for shock

   g. splint fractures

   h. treat a snake bite

   i. treat a burn

(optional) j. administer cardiopulmonary resuscitation

Trainee Information

To help you accomplish performance objective 9, you must complete <u>one</u> or more of the following activities. If a specific activity is not designated by the trainer, you should choose and complete the one of your choice.

Unit 4.2

Learning Activities

1a. Participate in a Standard First Aid and Cardiopulmonary Resuscitation course offered by the Red Cross.

1b. Attend a discussion with the nurse or First Aid Instructor on first aid procedures for stopping bleeding, giving mouth to mouth resuscitation relieving choking, protecting a seizuring or convulsing person, giving temporary care for heat exhaustion or heat stroke, treating for shock, splinting fractures, treating snake bites, treating a burn and administering CPR. Have the nurse demonstrate specific procedures and then in small groups practice these procedures.

1c. Review the first aid procedures found in the readings. Discuss with the nurse or first aid instructor any questions you may have.

1d. In your cabin or program area, find out where the first aid kit is kept. With the nurse, review the contents of the kit. Also discuss when and how to obtain a first aid kit for hikes, overnights or field trips.

Unit 4.2

Performance Objectives

10. Given an example of a camp accident, describe what preventative measures could have been taken to avoid the accident.

11. Given the cabin area*, develop a list of safety rules and regulations. (This should include use of equipment, ramps, materials, and so on.)

12. With the campers, discuss the safety rules and regulations established for your cabin or program area.

Trainee Information

To help you accomplish performance objectives 10, 11 and 12, you must complete two or more of the following activities. If specific activities are not designated by the trainer, you should choose and complete 2a or 2b and select one activity from 2c—2e.

Learning Activities

Select 2a or 2b.

2a. Walk around your camp and observe physical or environmental hazards such as barbed wire fence, an abandoned shed, facilities which are inaccessible, poisonous plants, steep hills and stinging bugs. Keep notes of the potentially hazardous areas along with a description of their location. Discuss your findings with your group.

or

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*Program Specialists should develop a list for their specialty area. Program Staff: Review the Youth Camp Safety and Health Guidelines for your program area. These guidelines will assist you in developing safety rules and regulations. Check the reference list for assistance.

Unit 4.2

2b. Read examples of camp accidents found in the worksheets and discuss in pairs or in a group how these accidents could have been prevented and what first aid should be given. The examples of accidents were taken from the "Critical Incident Survey" completed by Project REACH in 1976.

and

Select 2c, 2d, or 2e.

2c. With the people who have been assigned to your area, make a list of important safety regulations which everyone needs to follow.*

or

2d. Visit all the program specialty areas and discuss with the program staff the safety rules and regulations which will be enforced in that area.

or

2e. Role play a situation where you are advising campers about the safety rules and regulations for a particular activity.

Enriching Activities

1. Using your camp's resources, a book of plants or insects or camp staff manual, be able to recognize and point out to the campers specific unhealthy or hazardous conditions such as poison ivy, wasp's nests, ramps without railings, sewage treatment plant, poisonous snakes, etc.

2. In small groups, discuss with a staff member such as the kitchen or maintenance supervisor, an activity director, the caretaker, or a nurse, possible injury control precautions taken to prevent the campers from being exposed to toxic substances, floor furnaces, vertical shafts or gasoline products.

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*Program Staff: Review the Youth Camp Safety and Health Guidelines for your program area. These guidelines will assist you in developing safety rules and regulations. Check the reference list for assistance.

Unit 4.2

Performance Objective

13. Given the camp bus and campers in wheelchairs, demonstrate safe loading and transporting techniques and procedures.

Trainee Information

To help you accomplish performance objective 13, you must complete one or more of the following activities. If a specific activity is not designated by the trainer, you should choose and complete the one of your choice.

Learning Activities

3a. With the camp director or a designated returning staff member, discuss and practice appropriate loading and transporting techniques and procedures.

3b. Discuss with the bus driver the safety rules and regulations which must be adhered to when on the bus.

3c. Review the bus procedures listed in your manual.

Unit 4.2

Performance Objectives

14. Verbally state steps to be used in a given emergency or the procedures utilized by the employing camp.

15. Given an emergency situation, follow the appropriate emergency procedures as stated in the staff manual or given during pre-camp. (Emergency here refers to disaster, search and resuce, fire, tornado, etc.)

Trainee Information

To help you accomplish performance objectives 14 and 15, you must complete one or more of the following activities. If a specific activity is not designated by the trainer, you should choose and complete the one of your choice.

Learning Activities

4a. With the camp director or designated person, discuss the emergency procedures. If you have any questions, now is the time to ask - not during the emergency. Make sure you understand your responsibilities and where you are to be or go.

4b. You must be prepared for an emergency situation to arise at any time. Be prepared for the camp director to enact an emergency situation during training.

4c. Review the emergency procedures in your staff manual.

Evaluation Criteria

You must complete the activities according to the standards outlined by your trainer and this section of the post test with 90 percent accuracy.

Unit 4.2

References

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American National Red Cross. Advanced First Aid and Emergency Care. Garden City, New York: Doubleday and Company, Inc., 1973.

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Lisella, Frank D. and Vernon Houk. "Youth Camp Proposed Guidelines Analyzed." Camping Magazine. September/October, 1975. pp. 13-14.

U. S. Department of Health, Education and Welfare. "Archery," "Arts and Crafts," "Caving," "Firearms," "Horseback Riding," Mountaineering," "On the Trail," "Scuba and Skin Diving," "Watercraft," "Water Safety," and "Whitewater." Safety and Health Guidelines. Atlanta: Public Health Service, Center for Disease Control, 1975.

Worksheets

Unit 4.2

Camp Accidents

Directions

In small groups or pairs for each accident, list 1) what precautions could have been taken and 2) what kind of first aid should be given, if any.

1. A camper is pulled from the pool in respiratory arrest. The counselor runs for help leaving the camper alone on the pool deck.

2. A small cerebral palsied camper, unsteady on his feet, gets too close to the campfire and falls, burning his hand.

3. A camper who is a poor swimmer takes a "belly whopper" off the diving board and goes under water.

4. A mentally retarded/cerebral palsied camper was left in his wheelchair at the top of a hill unsupervised. He released his brakes, rolled down the hill, fell out of the wheelchair and broke his arm.

5. A counselor made a large ceremonial campfire and used black gun powder to produce the desired effect. When the fire did not light immediately, he struck another match and fire blew up in his face.

6. A child who has congenital upper bilateral amputations is standing on a paddle board on the side of the pool. He begins rocking the board, loses his balance and falls on the cement cutting open his chin.

Readings

Unit 4.2

First Aid Chart

Problem Situation	What to Do	
	Minor Bleeding	Severe Bleeding
1. Bleeding	a. Wash hands and wound with soap and water. b. Apply sterile dressing. c. See doctor if evidence of infection.	a. Apply pressure at once with clean cloth over wound. b. After bleeding is controlled, form layers of cloth and bandage the wound. c. For quick action, apply pressure to the supplying vessels with fingers or heel of hand. d. Use of tourniquet is justifiable only rarely and should never be applied for over 2 hours since it can cause shock. e. If extremity is involved, elevate using pillows.
2. Mouth-to-Mouth Resuscitation	a. Place victim on his back, face up. b. Tilt head way back - pull jaw up to keep air passage open. c. Check mouth for loose teeth or objects which may be obstructing air passageway.	

Unit 4.2

Problem Situation	What to Do
	d. Prevent air leakage by opening victim's mouth only wide enough to place your mouth completely over victim's and by pinching his nostrils shut. e. Blow your breath into victim's mouth. f. When victim's chest rises, take your mouth off and let victim exhale. g. Repeat inhalations every 4 to 5 seconds.
3. Choking	If an object is lodged in the person's throat preventing air from passing to the lungs (a) get behind the person and encircle him around the stomach with your arms; (b) make a fist with one hand and put the other hand over it; (c) quickly and forcefully pull your fists into and up slightly in the abdomen; (d) this should dislodge the article and artificial respiration can be started. If this does not work, turn the person upside down and give two or three sharp blows between the shoulder blades. When the article is dislodged, begin artificial respiration as needed. Always have the person checked by a doctor following a choking accident.
4. Seizures	Grand Mal a. Keep calm - there is nothing you can do to stop seizures. b. Insure safety of person by pushing away any nearby objects. c. Never restrain a person or attempt to force any object in mouth. d. After seizure is over, loosen clothing. e. Turn head to one side to release saliva from mouth. f. Allow person to rest after seizure. g. Stay with person until he is again rational. h. If necessary, get medical help.

Unit 4.2

Problem Situation	What to Do
	Psychomotor Protect them from walking into harmful situations. Petit Mal Watch so they don't injure themselves during momentary lapses.

5. Heat Exhaustion

Signs and Symptoms	First Aid
a. face pale	a. provide bedrest
b. skin cool and moist	b. administer salt solution of 1/2 teaspoon per half glass water every 15 minutes.
c. profuse sweating	c. maintain body temperature
d. normal temperature	d. call doctor
e. weak pulse	
f. if unconscious, recovers rapidly	

6. Heat Stroke

Signs and Symptoms	First Aid
a. red face	a. get doctor
b. hot, dry skin	b. remove to shade
c. no sweating	c. keep victim down with head and shoulders elevated
d. high temperature	d. cool victim
e. rapid and strong pulse	e. may give salt
f. usually unconscious	

7. Shock

a. Keep patient lying down. If difficulty with breathing, elevate head and chest. Elevate lower part of body if severe blood loss to lower extremities, but not if patient has head injury.
b. Cover patient sparingly according to the temperature but do not cause sweating. Only strive to conserve patient's body heat.
c. Give water if necessary for blood loss but not if patient has abdominal wound, is nauseated, is partially conscious, or unconscious.
d. Treat underlying injuries such as hemmorhage or fracture, but do not unnecessarily move or handle person

Unit 4.2

Problem Situation	What to Do
	e. Call doctor
8. Fractures	a. Keep the broken ends quiet b. Keep adjacent joints and muscles still c. Give first aid for shock d. If fracture is compound, apply sterile dressing to wound e. Control bleeding f. Do not push on protruding bone g. Splint limb to immobilize h. If body must be moved, apply splint first i. Transfer by stretcher
9. Snake bite	a. Stop activity and movement b. Tie constricting band firmly above bite if on extremity c. Sterilize knife with match and make incision. Crosscut each fang mark d. Apply suction, using mouth or suction cup to draw out poison e. Rinse mouth f. Get medical help Transfer victim lying down with injured part lowered g. Apply ice to wound
10. Burn	a. Treat shock if necessary b. Cut away clothing from burns but do not pull away cloth stuck to burn c. Relieve the pain by applying thick dressing to exclude air from burn d. Prevent infection by applying dressing in 4 to 6 layers e. Do not rupture blisters or try to clean burns f. Do not put medication on burns g. Wrap person in clean sheet and transport to hopsital h. Give fluids with caution since they can cause nausea
11. Cardiopulmonary Resuscitation	You may wish to take a CPR course from either the American Red Cross or the American Heart Association.

Module 4

Camp Health and Safety Practices

Unit 4.3

Assisting Campers

Content Outline

I. Assistive Equipment

- A. Wheelchairs
- B. Braces
- C. Urinary Appliances

II. Assisting Campers

- A. Feeding Techniques
- B. Lifting
- C. Transfers

Trainee Information

There are eight (8) performance objectives in Unit 4.3. At the end of this unit, you should do the practical assessment activity (practical test). Have a designated person observe you to see that you can successfully complete 85% of the thirty activities (or items).

Unit 4.3

Performance Objectives

16. Demonstrate the appropriate methods of pushing a wheelchair on a variety of terrains.

17. List three safety precautions to remember when working with campers in a wheelchair.

Trainee Information

To help you accomplish performance objectives 16 and 17, you must complete one or more of the following activities. If a specific activity is not designated by the trainer, you should choose and complete one or more of your choice.

Learning Activities

1a. With another person, take turns pushing and riding in a wheelchair around the camp. Then as a group, discuss the following questions:

1) Were there times when you felt unsure of what the "pusher" was doing?

2) Did you ever get tilted backwards without warning?

3) What about ramps, did they cause any concerns?

4) Did you get off the path? How did that feel?

5) Did the wheelchair tip over? How did you feel?

Continue sharing your experiences and incidents which you think would be valuable to other counselors.

1b. With your trainer, experienced staff or someone knowledgeable in the area, discuss the different types of wheelchairs and special attachments.

Unit 4.3

1c. Read Nebraska Easter Seal Society's Man Behind the Wheel: How to Handle and Push a Wheelchair found in the readings.

1d. Read the section in your staff manual or the prototype staff manual on wheelchairs.

Unit 4.3

Performance Objective

18. Demonstrate the appropriate method of putting on and fastening braces.

Trainee Information

To help you accomplish performance objective 18, you must complete one or more of the following activities.

Learning Activities

2a. With your trainer, experienced staff or someone more knowledgeable in the area of braces, discuss and demonstrate the use, function and care of braces.

2b. In your staff manual or the prototype staff manual, read the section on braces.

Unit 4.3

Performance Objective

19. Assist the camper in attaching and taking care of his urinary appliances or apparatus.

Trainee Information

To help you accomplish performance objective 19, you must complete one or more of the following activities.

Learning Activities

3a. Attend a discussion with the camp nurse about catheters, ileac diversions and colostomies. Ask her to explain how the drainage appliance works, how to clean it and any precautions which should be noted.

3b. In your staff manual or the prototype staff manual read the section on urinary appliances.

Enriching Activity

Based on the first four (4) objectives, develop an audiovisual presentation using slides, slide/tape or transparencies. Discuss with the trainer its possible use in pre-camp orientation or as an in-service training program.

Unit 4.3

Performance Objective

20. Given a piece of assistive equipment which is not functioning properly, identify to whom the malfunctioning piece of equipment should go and what the procedure is to get it repaired.

Trainee Information

To help you accomplish performance objective 20, you must complete the following activities.

Learning Activities

4a. In small groups discuss what to do if a wheelchair has mechanical problems, braces do not operate correctly, or if a urinary appliance is not working correctly.

4b. Review the procedures stated in your staff manual or the prototype staff manual.

Unit 4.3

Performance Objectives

21. Demonstrate appropriate feeding techniques.

Trainee Information

To help you accomplish performance objective 21, you must complete one or more of the following activities. If a specific activity is not designated by the trainer, you should choose and complete one or more of your choice.

Learning Activities

5a. With your trainer, nurse, or experienced staff, participate in a discussion and demonstration of various eating needs of campers; included should be various ways to feed, ways to assist chewing, pausing between bites, variety of bites, size of bites and so on.

5b. During a meal, role play some feeding needs. Practice feeding, assisting someone to chew, and so on. Make sure that you don't just feed but also are fed. This will help you understand the need for variety, asking a person what they want before giving it to them, and so on. Following the meal, discuss your feelings of feeding and being fed.

Unit 4.3

Performance Objectives

22. Demonstrate the ability to lift a camper appropriately according to his particular needs.

23. Demonstrate the ability to use the appropriate transfer techniques according to a camper's particular needs.

Trainee Information

To help you accomplish performance objectives 22 and 23, you must complete one or more of the following activities. If a specific activity is not designated by the trainer, you should choose and complete one or more of your choice.

Learning Activities

6a. Have someone knowledgeable about lifting and transferring campers demonstrate and discuss appropriate methods. Then in groups of two or three, practice the lifts and transfers. Be sure not only to practice from the wheelchair but from the bed and to and from the toilet.

6b. With a handicapped person, discuss their feelings on transfers and lifting. How do they prefer to be lifted? How much help should be offered and when should it be offered?

Evaluation Criteria

You must complete the activities according to the standards outlined by the trainer and be able to complete the post test with 85 percent accuracy before going on to Module 5.

Unit 4.3

References

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National Easter Seal Society. Feeding the Cerebral Palsied Child. Chicago, Illinois: National Easter Seal Society.

Nebraska Easter Seal Society. Man Behind the Wheel: How to Handle and Push a Wheelchair. Omaha, Nebraska: Nebraska Easter Seal Society, 1974. (Mimeographed)

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Readings

Unit 4.3

* Man Behind the Wheel: How to Handle and Push a Wheelchair

(Easter Seal Society of Nebraska)

Is It Difficult?

Some people are apprehensive about taking a person in a wheelchair on an outing. Some are overly confident. Both approaches are wrong. Once aware of the general rules, the actual act of pushing a wheelchair is no more difficult than pushing a baby carriage. On the other hand it is not quite as simple, for the person you are pushing may be cumbersome and have ideas of his own.

Basic Parts of a Standard Wheelchair

Arm Rests

Arm rests are usually removable. Many a novice has attempted to lift or fold a wheelchair by grabbing the arms and pulling upward, only to find the chair still stationary, and the two arm rests in his hands in mid-air. The surprise is often amusing, and sometimes dismaying. Any attempt to lift the arms of the wheelchair when its user is in it is most dangerous. The arms free themselves, and the diaabled person may not have the muscle control and balance to prevent a bad fall. They may also be startled to have their source of support on both sides suddenly removed. So, never lift a wheelchair by its arm rests.

Foot Rests

Some foot rests are removable. They are attached to each side of the chair, and usually swing outward and fold upward on hinges. When pushing a wheelchair, they are out of the pusher's vision, so take care to keep an ample distance between the wheelchair and any pedestrians in front of it. Being bumped by the foot rests can be both annoying and painful to an innocent pedestrian.

Some people don't have, or don't use foot rests. If this is so, always allow enough foot room for the person in the chair while pushing it, lest they end up with a sore toe from being banged into an immovable object, or a hurt foot which has gotten entangled in the front wheels.

Brakes

There is a separate brake for each side of the chair. Be sure to find out how the brakes are used. Some lock when pushed back and in toward the chair, and others when pushed forward.

*Reprinted with the permission of the Easter Seal Society of Nebraska.

Unit 4.3

Always be sure to put the brakes on when stopping the chair, even for a brief pause, or when the person is being moved in or out of the wheelchair. The brakes must, of course, be locked into place when a person remains seated in the wheelchair while being transported in a motor vehicle.

Wheels

Take care that nothing gets caught in the spokes of the wheels. Dangling ends of clothing worn by the person in the chair, and objects hung onto the back or sides of the chair should all be kept away from the moving wheels.

When putting a wheelchair into the trunk of a car, grasp the rim or the center of one of the large wheels and any stationary part of the front of the chair. Lift as you would any other bulky object, being sure to lift it high enough to clear the license plate and bumper, which often extend above the opening of a car trunk.

Seat Belts

It is a desirable safeguard for everyone in a wheelchair to use a seat belt, although some say they feel more comfortable without one. Those whose disability does not allow them to make immediate, automatic adjustments of balance while moving should always use a seat belt.

Seat belts can be purchased at any surgical supply store. Good substitutes for the manufactured item are trunk or suitcase straps or regular leather belts. Any substitute must, of course, be large enough to go around the person's waist or lower chest and the back of the wheelchair. It should be comfortable, of strong material, and have a sturdy buckle.

In circumstances when improvisation becomes necessary, a large square scarf may be used. Fold the scarf diagonally and tie it securely to prevent sliding and sudden constriction, which can cause discomfort or pain.

Tilting Rods

Modern Wheel Chairs have two rods close to the ground in the rear. These rods serve as foot pedals for the pusher, and it is extremely important to know how to use them.

After getting a good grasp on the handle, the pusher puts one foot on one of the pedals, applies a downward pressure which raises the front wheels of the chair from the ground; the chair is then tilted back slightly, and can be maneuvered safely over bumps and holes in the street, door sills, and over any other gradation in levels, such as from the street to a curb. Using the tilting rods may

Unit 4.3

require more caution, but no more energy, on the part of the pusher. Occasionally, a chair-bound person may wish you to negotiate differences in levels in another way, but in most cases the above method is safe and satisfactory.

To Close a Wheelchair

Do not try to close the wheelchair by lifting the arm rests up. Lift the seat up by the leather handles which are attached to the seat of the chair, by the seat frame, or by lifting the seat at the front and back. Be sure that the foot rests are up, or the chair will not close.

If the wheelchair has a high back rest, always remember to unlock the bars behind it.

To Open a Wheelchair

Grasp the seat frame on both sides. The seat will flatten as you push down on the frame. Do not try to open it by pulling or pushing it apart by the arm rests. If there are foot rests, they should be upright when you start. Don't lower them until the chair is open and/or the person is seated in the wheelchair. Wheelchairs with high backs have two locking bars behind the back rest which must be locked in place when the chair is open, to keep the back rest firm.

Major Rules

First, consult with the person you are to push, as to the "do's" and "dont's" that pertain to that particular person and wheelchair.

Ask the person you are to push exactly how his wheelchair works, as each wheelchair is as different as the person who uses it. The user knows best, since his wheelchair is his "better half" and is as important to him as a seeing-eye dog is to its master. This applies to children as well as adults.

Ask how the person wishes to be pushed, not only on level ground, but up and down curbs, stairs, and so forth. Do not try to impose unfamiliar ways of doing things.

The disabled person has developed routines which are safe and efficient and in which they have the greatest confidence. This applies not only to pushing the chair, but also to moving an arm or a leg to a more comfortable position, or getting a person into and out of clothing, automobiles, etc.

Ask the above questions repeatedly if necessary. The person in

Unit 4.3

the chair will not mind, but will, in fact, welcome your questions. They are used to needing help and if they are willing to have you- a new person-handle them, it is evidence that they have progressed beyond inhibiting self-consciousness abo t their physical disability. They are aware that it is in their best interests to put the new pusher at ease.

Just one word of caution. Do not let your concern make you overly zealous and lead you into doing more than is necessary. A handicapped person likes to be as independent as his physical limitations allow.

Care should be taken so that there is never a chance of the person in the wheelchair falling, tumbling, or being thrust forward and out of the chair by the momentum of its movement, or by a sudden stop. Take your time.

On the other hand, in cold weather don't push too slowly, for people in wheelchairs are apt to have poor circulation, and even when well wrapped up they may get chilled easily.

When pushing a wheelchair, ladies will feel more secure and have better footing if rubber-soled, low-heeled shoes are worn. This is especailly true when pushing a chair for some distance, or going up and down ramps or stairs.

If one is not used to it, pushing a wheelchair for long distances can leave wrist muscles (ordinarily not used in this way) stiff and the palms of the hands sore. Not much can be done to ease the wrists, but pressure on the palms can be eased by wrapping a piece of form rubber around the handles of the wheelchair, even though they may already have hard rubber covers.

Basic Suggestions

Curbs

When getting a wheelchair from the curb to the street, turn yourself and the chair backwards. After you have stepped onto the street, ease the chair down until the large wheels hit the pavement. To get the wheelchair onto the sidewalk from the street have the chair in front of you, then tilt the chair back far enough so that you may be sure the small wheels are on the sidewalk first. It will then be easy to lift the rest of the chair up onto the sidewalk.

Ramps

Descending a long ramp may be more difficult than is suspected. But no matter how short or long a ramp is, always turn yourself and the chair around and go down backward. The pusher's body will then

Unit 4.3

keep the chair from picking up momentum. A second person is sometimes needed to grasp the lower part of the chair to help keep the chair under control.

It is not difficult to push a wheelchair up a gradually-sloped ramp, but one which is steep and long may be very difficult and require two persons: one to push the chair and the other to back up and pull while grasping some secure part of the front of the chair.

Stairs

At least two people are needed to lift a person and his wheelchair up and down stairs.

Always take a wheelchair up a flight of stairs backwards. One person should hold onto the handgrips firmly, tilt the chair quite far back and pull it up one step at a time, resting it on each step on the large back wheels. The second person should face the chair, grasp the rods to which the foot rests are attached and lift the front of the chair. Although the wheels are the most accessible part of the chair, when the time comes for it to be lifted, the wheels should never be used for this purpose.

Always take a wheelchair downstairs frontwards. The chair, facing the stairs, is tilted back by the pushers who gently eases the chair down one step at a time. The second person goes down backwards while grasping the rods to which the foot rests are attached. This is done to equalize the balance of the chair, retard its speed and keep the chair in the same tilted position the pusher has achieved.

If a very heavy person is being taken up or down stairs, it is advisable to use three persons: one to hold the handgrips, and two to hold the front rods, with one person on each side of the chair. If three persons are used, lifting up or down stairs is done with ease.

Automobile Trips

When removing a person from his wheelchair who can sit in a regular automobile seat, be sure the car is parked away from the curb. Place the wheelchair close to the car; in this way the lifter will be able to move the person from the chair into the car easily and not have to bend way over in doing so. The person who can move himself from his wheelchair into a car without help usually finds it easier if the car is parked closer to the curb. In either case it is best to place the person in the seat next to the driver; some support may be needed if the person does not have adequate balance. This can be supplied by having someone sit next to him. The driver should always be cautious in starting and stopping so that there are no unnecessary jerks.

Unit 4.3

To transport a person who must remain in his chair, most often it will be necessary to use a large taxi having a high roof, or a vehicle such as a Volkswagon bus. The wheelchair should be anchored firmly, the brakes fastened, and all doors locked before getting under way.

Transportation services for persons in wheelchairs are available in some parts of the country. Such companies have drivers who are able to get chairs aboard, sometimes via a ramp, without assistance. The vehicles used are equipped with the proper attachments for anchoring the wheelchair securely.

Post-Tests

Unit 4.1

Post-Test

There are 25 points on this test. You must have 23 points to achieve 90 percent and pass this test.

1. List health practices which are encouraged at your/a camp and explain how these practices may prevent a camper from becoming ill, injured or fatigued.

(6 points)

2. For the following descriptions, list the appropriate clothing for campers.

   a. rainy day hike

   b. campfire

   c. canoeing

(3 points)

3. List three (3) physical signs of poor health habits or illness.

   a.
   b.
   c.

(3 points)

4. Fill in the following drug chart: (one must be an anticonvulsant)

	Medication	Use	Side Effects and/or Precautions
1.			
2.			
3.			

(3 points)

5. List three (3) camp rules regarding medication.

   a.
   b.
   c.

6 points)

6. Camper Karen has awakened complaining of a stomach ache. What should you do?

(4 points)

Unit 4.1

Turn in completed seizure reports and illness and injury reports along with this test to your trainer.

Unit 4.2

Post-Test

There are 20 points on this test. You must have 18 points to achieve 90 percent and pass the test.

1. Describe the first aid procedures for the following emergencies:

   a. profuse bleeding

   b. stopped breathing

   c. choking

   d. grand mal seizure

   e. heat exhaustion

   f. heat stroke

   g. shock

   h. broken leg

   i. snake bite on ankle

   j. burned hand

(10 points)

2. You are eating lunch in the dining hall and the cook has served roast beef sandwiches. A girl with cerebral palsy and a history of seizures gets too large a piece of meat in her throat, begins choking, goes into a grand mal seizure and is turning dark blue.

   a. Could this accident have been prevented? How?

   b. What would you do to help the girl now?

(3 points)

Unit 4.2

3. List the bus procedures for your camp.

(3 points)

4. One of your campers is missing, what do you do?

(4 points)

Unit 4.3

Post-Test

Directions: There are 30 points for this test. To achieve 85 percent, you must have 26 points. However, you may not miss more than one item in any one category. Your trainer or another person must check off the items.

		YES	NO
I.	Pushing a Wheelchair		
	A. Positions person in chair		
	1. seatbelt fastened ..... 1.		
	2. footrests placed appropriately with feet ..... 2.		
	3. brake released ..... 3.		
	B. Downhill		
	1. wheelchair turned 180° (person's back to hill) ..... 4.		
	2. pusher slowly backs down hill keeping chair under control ..... 5.		
	C. Sandy or rough terrain		
	1. pusher uses tilting rods correctly... 6.		
	2. turns chair around if necessary..... 7.		
	D. At destination		
	1. person is in a position where he can reach things he needs..... 8.		
	2. brake is on..... 9.		
II.	Describes three safety precautions to remember when working with campers in wheelchair. 10a, 10b, 10c		
III.	Braces		
	A. Checks brace.....11.		
	B. Demonstrates correct way to put brace on.12.		
	C. Fastens brace.....13.		
	D. Checks for brace rubbing on body.....14.		
	E. Removes brace correctly.....15.		

Unit 4.3

	YES	NO
IV. Urinary appliances		
A. Catheter		
1. can attach leg or night bag.....16.		
2. can empty bag.....17.		
B. Ileostomy or colostomy		
1. removes bag when necessary.....18.		
2. cleans and dries skin.....19.		
3. reapplies glue.....20.		
4. attaches new bag.....21.		
V. Feeding Techniques		
A. Can assist chewing if needed.....22.		
B. Pauses between bites.....23.		
C. Gives a variety of food.....24.		
D. Gives an appropriate size of bites.....25.		
E. (Others may be listed.)		
F.		
G.		
VI. Lifts		
A. Can do a one man lift appropriately.....26.		
B. Can do a two man lift appropriately.....27.		
VII. Transfer		
A. Can transfer to wheelchair.....28.		
B. Can transfer to bed.....29.		
C. Can transfer to toilet.....30.		

Answer Sheets

Unit 4.1

Answers to Post-Test

1. Answer supplied by camp.

2. a. old clothes, ponchos, rain gear, gym shoes, etc.
   b. long pants and shirts or shorts and tee shirts depending upon weather, mosquitoes, etc.
   c. bathing suit or shorts and tee shirt

3. rashes, decubitus ulcers, seeping sores, dirty skin, oily hair, feverish, etc.

4. See drug chart.

5. Answer supplied by camp.

6. Describe procedures.

Unit 4.2

Answers to Post-Test

1. See first aid chart.

2. a. cook or counselor could have made sure meat was cut into smaller slices
   b. as soon as seizure is over, remove meat from airway and begin artificial respiration.

3. Answer supplied by camp.

4. Answer supplied by camp.

Unit 4.3

Answers to Post-Test

The skill determinants for this post test will be made by the trainer or someone he/she has appointed.

Terminology

Amputees: Loss of limb, either congenitally or due to an accident. Many of these individuals use artificial limbs (prosthetics).

Architectural Barrier: Physical barriers which make it difficult or impossible for the physically disabled to move about freely with other people, such as: stairs, narrow doorways, soft pathways, high drinking fountains and sinks, etc.

Auxiliary Staff - Are responsible for supportive services essential to efficient and effective operations upon which the total camp program depends which is under the supervision of administrative staff. This would include personnel in the areas of medical concerns; kitchen and food preparation; maintenance of buildings, grounds, and equipment; housekeeping; transportation; and administrative and office functions.

Camp Counselor - Is responsible for planning and supervising the camp experiences for an assigned group of campers under the direction and supervision of specified administrative or program staff. This includes positions such as senior counselor, unit counselor, village leader, tent or cabin counselor, unit leader, etc. The camp counselor is also responsible to maintain a pleasant, clean and safe environment; to meet campers' personal and safety needs; to prepare reports and inventories; and to work cooperatively with all camp staff to enhance the overall camping experience.

Camp Director - Is responsible for developing, organizing, managing and supervising the personnel and fiscal resources of the camp in order to meet the objectives that have been specified. The camp director is also responsible for evaluating camp effectiveness.

Camp Nurse - Is responsible for providing health services essential to the camp operation. Acting under the standing orders of a doctor, the nurse performs remedial measures for illness and injuries. In addition, the nurse routinely inspects campers for signs of health deterioration, parasite infection, or disease. The nurse reports to the resident physician or the camp director if there is no resident physician.

Camp Secretary - Is responsible for providing secretarial services essential to the efficient and effective day-to-day business operations of the camp. He or she mans the office, handles the mail, types business and program manuscripts and reports, and if there is no business manager, handles the bookkeeping. The secretary is responsible to the business manager, or if lacking, to the camp director.

Camper - Is any individual who chooses to attend, as a participant, an organized camping program which is designed to meet his/her needs.

Cerebral Palsy (C.P.): A disability due to damage of centers of the brain before or during birth resulting in imperfect control of the muscles and marked especially by muscular incoordination, spastic paralysis, and speech disturbances. It is estimated that more than half of the cerebral palsied are mentally retarded.
The types of C.P. include:

1. Spastic: characterized by jerky and uncertain movements and tightly contracting muscles.
2. Athetoid: typically showing uncontrolled, sprawling, muscular functioning.
3. Rigid: extremely tight muscles and limited, resistive movement.
4. Tremor: uncontrollably shaking limbs.

Competency - Is demonstrable knowledge, skill, or behavior devised from explicit conceptions of camp personnel roles.

Competency-Based Instruction (CBI) - [also competency-based education and performance-based education] - Is an instructional program in which the competencies to be acquired and demonstrated by the student and the criteria to be applied in assessing the competencies are made explicit and the student is held accountable for meeting the specified criteria.

Competent - Is having the necessary knowledge, skills and judgment to perform a task effectively as measured by a given standard of performance.

Day Camp - Is a sustained outdoor group living experience which is operated by trained leaders in which the campers go for an established period and return each day to their homes. The purpose is the utilization of the natural surroundings to contribute to the overall growth and development of each camper.

Disability - (see physical disability)

Duty - Is a grouping of two or more similar tasks which are functionally different from other tasks within a job. They usually are performed under similar conditions in a job situation.

Epilepsy - A chronic condition characterized by seizures of varying duration in which there is a loss of consciousness with or without a succession of convulsions. (See petit mal seizures or grand mal seizures.)

Essential Competencies - Are those demonstrable and crucial knowledgeable skills and behaviors camp personnel must possess in order to perform reasonably well and to succeed in any organized camp program operated for the physically handicapped.

Evaluation or Post Test - Is a procedure designed to measure the student's ability to successfully demonstrate the competence required for mastery of a specified performance objective(s) after the student has completed a set of learning activities or modules.

Grand Mal Seizures - An epileptic seizure in which there are severe convulsions and loss of consciousness or coma.

Handicap - Is the cumulative results of a physical or mental condition of impairment that interposes an obstacle between the camper and his/her maximum functional level.

Head Cook - Is responsible for supervising and coordinating all activities of kitchen personnel and participating in the preparation, serving and clean-up of meals in the camp.

Job - Is a composite of duties and tasks actually performed by a worker.

Learning Activicies - Are instructional activities or experiences made available to the student for the purpose of helping the student achieve (perform) the performance objective or set of performance objectives.

Legg-Perthes Disease: A diminished blood supply to the hip causing the bone to become shorter and the head of the thigh bone to become flat. Given time to heal by keeping weight off the hip usually corrects the problem, but this can take from 12-36 months.

Maintenance Supervisor - Is to provide general maintenance and repair services essential to the efficient and effective day-to-day camp operations.

Major Responsibility - Is a grouping of two or more similar duties which are functionally different from other duties.

Module - Is an instructional package containing a set of learning activities called units of instruction and organized to include performance objectives, identified prerequisites, pre-assessment procedures, instructional activities, post-assessment procedures, and a remediation plan and/or activities. The purpose (intent) of a module is to facilitate student acquisition of a competency or group of related competencies.

Multiple Sclerosis: There is an insulating layer of fatty substance over the brain and spinal cord, serving much like insulation over an electric wire and insuring free passage of impulses; in the human, transmission of nervous impulses to the muscles. In Multiple Sclerosis (M.S.), this insulating layer for some reason breaks down, sclerotic patches occur in the brain and spinal cord and this interferes with the proper transmission of nervous impulses. The resultant course of this disease is one of "ups" and "downs", but usually progressing slowly downhill. Because of the damage to the nervous system, coordination, strength, speech, eyesight - one or all may be comprised. This is a rather bizarre disease, occurring much more in the northern area of the United States, Canada, and the Scandinavian countries. It is the crippler of young adults, usually striking the ages of 20-40.

Mutiply Handicapped: Refers to an individual who has more than one handicap, the combination of which makes him unable to benefit from a normal education program.

Muscular Dystrophy (M.D.): There are several different types of muscular dystrophy, which is a genetic hereditary disease which results in a progressive wasting away of muscle. The following are just 2 of the dystrophies.

1. Pseudohypertrophic: The wasted away muscle is replaced by fibrous tissue and fat. This type is transmitted from mother to son. The person may appear to have big muscular calves, buttocks, and shoulders. The disease affects primarily the trunk, shoulders, hips, calves, neck and face muscles. Many die before they are 20 years old, not directly from M.D. but due to the lessening of respiratory functioning. The muscles controlling coughing are affected and thus mucous secretions stay in the lungs where it is warm and moist, creating a condition very conducive to infection and pneumonia. It is most important to guard against colds.

2. Amytonia Congenita (Oppenheim's Disease): This is a non-progressive disorder in which there is a deficiency of the motor cells in the spinal cord which sends the message to the muscles. Because of this deficiency, the muscles are not fully innervated with the resultant weakness and lack of muscle tone. As the person becomes older and bigger, he or she becomes even weaker, but the basic deficit does not get worse, however, it may appear to, due to body growth. As the person reaches full growth, the condition tends to stabilize. The same respiratory precautions as in pseudohypertrophic should be followed in caring for these people.

Organized Camping - Is an outdoor experience which is organized and operated for a specified purpose by professional staff for an identified population. This includes various types of camps including residential, day, school, trip, therapeutic...camps.

Paraplegia: total or partial paralysis of the lower extremities and/or paralysis of parts or part of the trunk. This means the person will have full function of his arms, neck, shoulders and hands. (See quadriplegia.)

Performance Objectives - Is a precise and accurate statement describing the behavior expected of the student as a result of instruction.

Petit Mal Seizures - A mild form of epilepsy in which dizziness or other sensations take the place of convulsions.

Physical Disability - Is an observable condition of physical impairment that can be described by a physician using one of the following five medical classifications: Neuro-muscular, respiratory, cardiovascular/hematological, metabolic, orthopedic or by using the following functional classifications: mobility problems, bowel-bladder control problems, limited or no use of upper limbs, breathing difficulties, communication problems and limited endurance or stamina.

Pre-Test Procedures - Are designed to measure the student's ability to successfully demonstrate the competence required for mastery of a specified performance objective(s) before engaging in the learning activity(ies) or module.

Prerequisites - Are the knowledge, skills and/or behaviors the student is expected to demonstrate competence in prior to beginning work on a module.

Program - Is everything that a camper does during his/her stay at camp.

Program Specialist - Is responsible for all phases of operation pertaining to a particular program which includes: developing the program, ordering supplies, maintaining areas and equipment, instructing and supervising staff and campers, scheduling and coordinating activities and special events, preparing reports and inventories, and evaluating. This would include such positions as program director, waterfront director, nature director, arts and crafts director, photography director, etc.

Prosthesis: Replacement of a missing part by an artificial substitute; and artificial organ or part.

Quadriplegia: Refers to paralysis in all four extremities and the trunk. However, the upper extremities and neck are never totally paralyzed. The spinal column has nerves existing from it innervating the muscle. In general, the lower the injury to the spinal cord, the more function is left. A person injured in the neck may be only able to bend his neck, shrug his shoulders, raise his arm, and bend his elbow, whereas a person injured in the low back may only suffer paralysis in the lower parts of his legs. The nerves to the bowel and bladder, unfortunately, exist very low and are almost always affected.

The persons with high involvement may have respiratory problems and the degree of help they will need will vary. Persons who have full use of their upper extremities can do most everything themselves. There is a loss of sensation at the level of the injury also, so pressure sores are a potential problem. A regular diet and plenty of fluids are very important to these people.

Remedial Activities - Are instructional activities which provide the student additional practice or assistance in mastering a specified objective when mastery was not achieved initially.

Resident Camp - Is a sustained outdoor group living experience which is operated by trained leaders in which campers live at one site two or more consecutive nights for the purpose of utilizing the natural surroundings to contribute to the overall growth and development of each camper.

School Camp - Is a sustained experience in which a teacher and his pupils leave the classroom to live at one site two or more consecutive nights in an outdoor setting while carrying out a program of learning activities related to the school curriculum.

Spina Bifida: "Bifid" means short, thus a "short spine." This is a congenital malformation of the spinal cord and the supporting vertebral column causing the spinal cord to herniate, thus causing paralysis below this point. Most of the time this occurs in the lower back, and the person will have a surgical scar and/or remnants of the "bif." Most people usually have some use of their upper legs and are able to walk with crutches and/or braces. The nerves to the bowel and bladder are always impaired and the person may have a type of urinary receptacle, use suppositories or be on a regular time schedule for bowel movements. Many have slightly enlarged heads due to the trauma to the spinal cord, upsetting the balance of spinal fluid and causing an increase of pressure in the head. This is known as HYDROCEPHALUS and also occurs apart from Spina Bifida. The spinal cord and brain are bathed in spinal fluid which is produced and reabsorbed into the bloodstream in the brain. This fluid circulates up and down bathing the brain and the spinal cord. Due to congenital or developmental defects in this system, blockage of channels, etc., an increase of pressure and a resultant increase in skull size occurs. This can cause neurological and mental damage. The degree of damage will again vary a great deal.

Task - Is a highly specific unit of job activity stated in job terms with an action verb and an object. It has a definite beginning with an action leading to a definite end (input - action - output.) It is measurable, observable and results in a product which is useable by someone other than the performer.

Task Analysis - Is a systematic process through which the tasks a worker performs are identified and organized in a logical manner.

Task Inventory - Is simply a straight listing of all the tasks potentially performed in an occupation as discerned through the literature search.

Task Outline - Is a categorical listing of tasks, duties and major responsibilities for a specified occupation.